PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 JGF 02775 FTJ												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER	THAN
TOTAL CLAIMS			13					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			13 minus 20=		. 0			X\$ 9=		OR	X\$18=	•
INDEPENDENT CLAIMS			Y minus 3 =					X43=	43	OR	X86=	
MULTIPLE DEPENDENT CLAIM P			RESENT							1	+290=	
• İf	the difference	in column 1 is	less than zero, enter "0" in column 2			column 2		+145=		OR	L	
CLAIMS AS AMENDED - PART II										OR	TOTAL	
	ں م	(Column 1)	(Column 2) (Column 3)				<u>.</u>	SMAL	L ENTITY	OR	OTHER SMALL	
AMENDMENT A	5	CLAIMS REMAINING AFTER AMENDMENT	,	HIGHI NUME PREVIC PAID I	BER	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	13	Minus	-2	0	= 0	1	X\$ 9=		OR	X\$18=	
	Independent	:4	Minus	***	}			X43=		OR	X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	+145=		OR	+290=	
								TOTA			TOTAL	
		(Column 1)		(Colum	nn 21	(Column 3)		ADDIT. FE	E L	Jon	ADDIT. FEE	
MENDMENT B		CLAIMS		HIGH	EST		1 [ADDI-	1	·	ADDI-
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total .	•	Minus	**	•	=] [X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	•	=		X43=		OR	X86≃	
<u>`</u>	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM		!	+145=		OR	+290=	
								TOTA		OR	TOTAL ADDIT, FEE	·
(Column 1) (Column 2) (Column 3)												-,
Z		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ST · · IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	••		= .		X\$ 9=		OR	X\$18=	
	Independent	•	Minus .	***		ż		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1	UR		
• 4	the entry is set.	mn 1 je lece than th	o ontry in anh	mn 2 anima	Me in and			+145=		OR	+290=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEI TOTAL ADDIT. FEI										OR ,	TOTAL ODIT. FEE	
		mber Previously Paid ther Previously Paid					er four	nd in the a	ppropriate box	k in cot	umn 1.	